

PART B - FEE(S) TRANSMITTAL

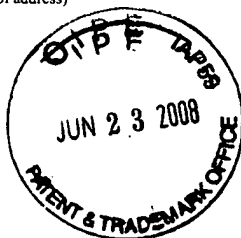
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881 7590 03/27/2008

STITES & HARBISON PLLC
 1199 NORTH FAIRFAX STREET
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/856,358	05/22/2001	Takehiko Kezuka	P07223US00/L	6873

TITLE OF INVENTION: ETCHING SOLUTION, ETCHED ARTICLE AND METHOD FOR ETCHED ARTICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	06/27/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
ANGADI, MAKI A		1792	216-103000			

06/24/2008 AWOHDAF2 00000078 09056358
 01 FC:1501 1440.00 0P

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. B. Aaron Schulman
 2. Stites & Harbison PLLC
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Daikin Industries, Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0555 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

B. Aaron Schulman

Date June 23, 2008

Typed or printed name B. Aaron Schulman

Registration No. 31877

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